

CERTIFICATE OF SERVICE

I, Gini L. Downing (name), certify that service of this summons and a copy of the complaint was made February 4, 2022 (date) by:

Mail service: Regular, first class United States mail, postage fully pre-paid, addressed to:
Alcon Laboratories Inc.
PO Box 75877
Charlotte, NC 28275

Alcon Laboratories, Inc.
Attn: Royce Bedward, SVP,
General Counsel & Corporate Secretary
P.O. Box 75877
Charlotte, NC 28275

George P. Apostolides
Saul Ewing Arnstein & Lehr LLP
161 North Clark, Suite 4200
Chicago, IL 60601

Certified Mail Service: By sending the process by certified mail addressed to the following entities/officers/registered agents of the defendant at:
Alcon Laboratories, Inc.
Attn: David J. Endicott, CEO
Royce Bedward, SVP GC & Corp Secty
6201 South Freeway
Fort Worth, TX 76134-2001

The Corporation Trust Company
R/A for Alcon Laboratories, Inc.
Corporation Trust Center
1209 Orange St
Wilmington, DE 19801

Corporation Service Company
R/A for Alcon Laboratories, Inc.
251 Little Falls Drive
Wilmington, DE 19808

I further certify that I am, and at all times during the service of process was, not less than 18 years of age and not a party to the matter concerning which service of process was made.

Under penalty of perjury, I declare that the foregoing is true and correct.

Date	<u>February 4, 2022</u>	Signature	<u>/s/ Gini L. Downing</u>
Print Name:	<u>Gini L. Downing</u> Pachulski Stang Ziehl & Jones LLP 10100 Santa Monica Blvd. 13 th Floor		
Business Address:	<u>Los Angeles, CA 90067</u>		

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Corporation Service Company
R/A for Alcon Laboratories, Inc.
251 Little Falls Drive
Wilmington, DE 19808



9590 9402 3367 7227 2948 62

2. Article Number (Transfer from service label)

7017 2400 0000 3936 7388

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY**A. Signature**

X Paul Sisof
Paul Sisof

 Agent Addressee**B. Received by (Printed Name)****C. Date of Delivery**

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Insured Mail
- Insured Mail Restricted Delivery (over \$500)
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
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1. Article Addressed to:

The Corporation Trust Company
R/A for Alcon Laboratories, Inc.
Corporation Trust Center
1209 Orange St
Wilmington, DE 19801



9590 9402 3367 7227 2948 79

2. Article Number (Transfer from service label)

7017 2400 0000 3936 7395

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY**A. Signature**

X FEB 08 2022

 Agent Addressee**B. Received by (Printed Name)****C. Date of Delivery**

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

CT CORPORATION

3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Insured Mail
- Insured Mail Restricted Delivery (over \$500)
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

Domestic Return Receipt